

Vendor Identification:
Name of Firm:
Address:
Telephone Number:
Facsimile Number:

AFFIDAVIT

State of _____)

) SS:

County of _____)

_____ (Print Name), of lawful age, being first duly sworn, on oath, says that (s)he is the agent authorized by _____ (Manager), to submit the attached contract to the State of Oklahoma. Affiant further states: (1) Manager has not paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in the procuring of the contract; (2) Manager has not previously entered into a contract with the agency or other state agencies which would result in a substantial duplication of the final product required by the proposed contract; and (3) Manager certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed to provide any of the services required by the contract.

AFFIANT

Subscribed and sworn to before me this _____ day of _____, 20____ .

NOTARY PUBLIC

My Commission Expires _____

Commission No. _____